

**COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH  
PROGRAM SUPPORT BUREAU - QUALITY IMPROVEMENT DIVISION**

**SUMMARY REPORT OF TEST CALLS STUDY: MONITORING ACCESSIBILITY  
TO THE 24/7 TOLL FREE ACCESS LINE  
December 2014**

**GOAL**

The goal of the Test Calls Study is to identify potential areas for quality improvement and strengths in the responsiveness of the Los Angeles County Department of Mental Health (LACDMH) ACCESS Center 24-hour, 7 day a week Toll Free number to Medi-Cal beneficiaries/callers.

This report summarizes findings from the Quality Improvement Division (QID) Test Calls Study conducted during the period of June 2014 to August 2014, compares these findings with the findings of the Test Calls studies completed during the previous five years, and offers recommendations.

**OVERVIEW**

Often the ACCESS Center 24/7 Line may be a Medi-Cal beneficiary caller's first point of contact with the County of Los Angeles, Department of Mental Health. The ACCESS Center operates the 24 hour, 7 Day Statewide, Toll Free number, 1-800-854-7771, for both emergency and non-emergency calls. ACCESS Center staff triage requests for Psychiatric Mobile Response Team (PMRT) and information and referral services. Staff offer language interpreter services either by linking callers to the Language Line or directly assisting the caller if they speak the preferred language requested. Telecommunication Device for the Deaf (TDD) and California Relay is available to callers who are hard of hearing or deaf. (See *Attachments 1 and 2: Language Interpreters Policy & Procedure 202.21 and Hearing Impaired Mental Health Access Policy & Procedure 202.17.*) Call logs are maintained for the date, time, caller identification, types of requests, and disposition/referrals given. This process is in accordance with ACCESS protocols and Title 9 Regulation requirements to document all initial requests for services.

The ACCESS Center works with AVAZA for interpreter services. AVAZA, formerly under the name "OCI" has been a countywide contracted vendor for interpretation services since 2010. The ACCESS Center implemented telephone and call center technology upgrades in November 2012 and again in October 2013. The call volume for January through November 2014 was approximately 221,910 or about 20,000 calls per month.

Verizon became the new provider of telephone services for the ACCESS Center in November 2012. They introduced a web based phone service called "Web Center". In October 2013 Verizon changed their system from Web Center to "Virtual Call Center" (VCC). Both changes required significant new training for the ACCESS Center call agents and imposed data gathering challenges as well. Staff continue to receive on-going training on the use of the VCC.

## **METHODOLOGY**

The purpose for this study is to monitor:

- Responsiveness of the 24/7 Toll-Free Line.
- Caller overall satisfaction with staff knowledge and helpfulness.
- Capability to respond to English and non-English calls.
- Caller satisfaction with the interpreter services provided.
- Whether staff members provide their first name to callers.
- Whether staff members assess if the call is a crisis or emergency.
- Specialty mental health service referrals or information provided by ACCESS Center staff as requested by test caller.
- ACCESS Center staff maintenance of a written log that contains the: name of the beneficiary (test caller), date of request for services, and initial disposition of the request.
- Whether staff members refer beneficiary complaints to the Patients' Rights Office.

A "Secret Shopper Test Call" approach was used for this study. Test Callers were provided with written Instructions for Test Calling the ACCESS Line. The instructions outline the *Purpose of the Test Calls* and include the *Basic Principles of the Test Calls* (see *Attachment #3*). Test Callers, while using a fictitious name, could develop their own non-emergency script for specialty mental health services or choose from example scenarios provided (see *Attachment #4*). Test Callers were instructed not to call with an emergency or crisis scenario and were requested to keep the call short and succinct. Test Callers were asked not to make or accept assessment appointments and were able to identify themselves as a Medi-Cal beneficiary, if asked. Test Callers could ask to obtain a phone number and inform ACCESS staff that they will contact the clinic directly. Test callers could also identify themselves as residents of the County, if asked. The performance of the phone system and interactions with the Toll Free Line staff were rated using a *Worksheet for Test Callers to the ACCESS Line* (see *Attachment #5*).

ACCESS Center management and staff collaborate with the QI Division staff each year for this study and for the development of this report. For 2014, Service Area (SA) QI liaisons were asked to organize and to facilitate 10 after hours Test Calls to be placed from each SA. Five of the ten Test Calls were

requested to be in English and five Test Calls were requested to be in a non-English language. One Test Call in each SA was requested to be a beneficiary complaint call. After hours was designated as before 8 AM or after 5 PM on weekdays or anytime on a weekend or holiday. In order to spread out the test calls each SA was assigned one specific week to place their calls. Significant differences found are noted in the findings that follow.

## **SUMMARY OF FINDINGS FOR 2014**

Table 1 summarizes data for the test calls study completed for Calendar Year (CY) 2014.

1. A total of one hundred-nine (109) Test Calls were attempted by staff from the eight (8) SAs from June 2014 to September 2014 and of those, one hundred-five (107) calls or 98%, were successfully completed. One (1) call, or 1%, was disconnected and one (1) call or 1% went to voicemail.
2. Of the one hundred-seven (107) completed test calls, thirty-eight (38) calls, or 35%, were completed during daytime hours and sixty-nine (69) calls, or 65%, were initiated after hours or on the weekends.
3. Of the one hundred-seven (107) completed test calls, 103 callers or 96% responded to the question, "Did the ACCESS agent provide his/her first name?" Among these, on seventy-nine (79) or 77% of the calls; the agent offered their first name. The findings indicate that ACCESS Center agents are more likely to offer their name to English speaking callers (57%) compared to non-English speaking callers (43%).
4. Of the one hundred-seven (107) completed test calls, ninety-one (91) or 85% responded to the question, "Did the ACCESS agent ask you for your name?" Among these 91 test callers, sixty-seven (67), or 74% responded that the agents requested the beneficiary name. ACCESS Center call logs cannot be completed as required without documentation of the beneficiary's name.
5. Of the one hundred-nine (109) test calls, one hundred-five (105) reported the language in which the call was completed. Sixty (60) or 57% calls were in English, forty-five (45) or 43% calls were in a non-English language. Among non-English calls twenty-six (26) or 58% were in Spanish and nineteen (19) or 42% were other languages. Test Calls were completed in 9 other languages. Table 2 summarizes languages used for the test calls study completed for CY 2014.
6. Among the non-English test calls, 98% (n=44) were offered interpreter services.

7. Of the 45 non-English test callers, thirty-five (35) or 78% responded to the question on satisfaction with interpreter services. Among the 35 test callers thirty (30) or 86% reported they were satisfied and five (5) or 14% reported they were not satisfied with interpreter services. Of the five callers who were not satisfied with interpreter services, one (1) spoke Chinese, three (3) spoke Spanish and one (1) English caller's request for Spanish interpreter services was denied and was told "Your English is fine".
8. Eighty-five (85) or 79% of test callers reported the reason for their call. Reasons given for the completed test calls consisted of: 7% Beneficiary Complaint, 73% Counseling Referral and 20% Medication Request.
9. Ninety (90) or 84% of the 107 completed test callers responded to the question if they were provided with a referral or other information. Among these respondents 94% (n = 85) reported the ACCESS agent provided them with a referral. Types of referrals included specialty mental health service agency in their area of residence or other information requested by the caller.
10. Hundred-one (101) or 94% of completed test callers responded to the question, "Were you put on hold?" Fifty-three (53) or 52% of those callers reported they were placed on hold.
11. Out of the one hundred-four (104) test callers that responded to the question, "Did the ACCESS agent inquire if the situation is an emergency or a crisis?" eighty (80) or 77% reported that the ACCESS agent asked them if the situation is an emergency or a crisis. The instructions were not to use a crisis scenario.
12. One hundred-seven (107) or 100% of completed test callers responded to the question, "How satisfied were you with the knowledge and helpfulness of the ACCESS agent?" Forty-two (42) or 39% responded that they were very satisfied; thirty-three (33) or 30% responded that they were satisfied; eleven, (11), or 10% were somewhat satisfied; six (6), or 6% were not satisfied; and fifteen (15) or 14% were very dissatisfied.
13. In 2014 a total of 63 or 59% of the 107 completed calls were logged by ACCESS Center staff.
14. The ACCESS Center 24/7 line rings briefly before the caller hears a greeting that identifies the LACDMH ACCESS Center. They are given the option of hanging up and calling 911 if it is a life threatening emergency. The caller then is given a large number of language options to choose from. This then leads to a series of options depending on reason for the call, all in the language of their choice. Finally they hear a message reminding them that their call may be monitored or recorded for quality assurance. The length of

time between the initial dial in and the call being received by a call agent will vary significantly based on the types and number of choices made by the caller. Three (3), or 3%, of the 109 test callers reported a wait time of ten (10) minutes or greater. The remaining 97% reported a wait time of less than 10 minutes; for two (2) or 2% of the calls, wait time was less than or equal to 10 minutes, for three (3) or 3% of the calls, wait time was less than or equal to 7 minutes, for seven (7) or 7% of the calls, wait time was equal to or less than 5 minutes, for seventeen (17) or 16% of the calls, wait time was less than or equal to 3 minutes and for seventy-seven (77) or 73% of the calls, wait time was less than one minute.

### **TRENDING OF ACCESS CENTER TEST CALLS DATA**

The number of completed test calls has increased from 10 in 2009 to 107 in 2014.

Between 2009 and 2014 ACCESS Center staff provided their first name to the test caller at 89% in 2009, 36% in 2010, 62% in 2011, 67% in 2012, 82% in 2013 and 77% in 2014.

Between 2009 and 2014 ACCESS Center staff requesting callers name increased from 33% in 2009, to 62% in 2010, 71% in 2011, 68% in 2012, 77% in 2013, and 74% in 2014.

Test caller satisfaction with interpreter services increased from 63% in 2010, 70% in 2011, 67% in 2012, 71% in 2013 and 86% in 2014.

ACCESS Center staff provision of referrals was 89% in 2009, 100% in 2010, 87% in 2011, 81% in 2012 and 89% in 2013 and 94% in 2014.

ACCESS Center staff asking if it is a crisis or emergency situation increased from 33% in 2009, 62% in 2010, 46% in 2011, 69% in 2012, 75% in 2013 to 77% in 2014.

Test caller satisfaction with ACCESS Center staff knowledge and helpfulness was 90% in 2009 and declined to 71% in 2010, increased to 88% in 2011, declined to 84% in 2012 and increased to 85% in 2013 and declined to 80% in 2014.

The number of calls logged by ACCESS Center staff increased from 54% in 2010 to 59% in 2014.

To summarize, the number of completed Test Calls increased by 93% (10 to 107) from 2009 to 2014. The ACCESS Center Staff Requesting the Caller's name increased by 41% (33% to 74%) and ACCESS Center Staff asking the caller if there was a Crisis or Emergency increased by 44% (33% to 77%).

ACCESS Center staff's provision of referral increased by 5% (89% to 94%) and Satisfaction with Interpreter Services increased from 2010 to 2014 (2009 was not reported) by 23% (63% to 86%). The percentage of calls logged shows slight improvement from 2009 to 2014, however there is room for improvement as 41% of the calls were still not logged in 2014. Through the years ACCESS has continually shown an increase in all other areas but Reported Satisfaction with ACCESS Center Staff dropped by 10% (90% to 80%). ACCESS Center Agent providing their first name to caller decreased by 12% (89% to 77%). Overall, findings show continued improvement in a majority of areas related to ACCESS Center responsiveness.

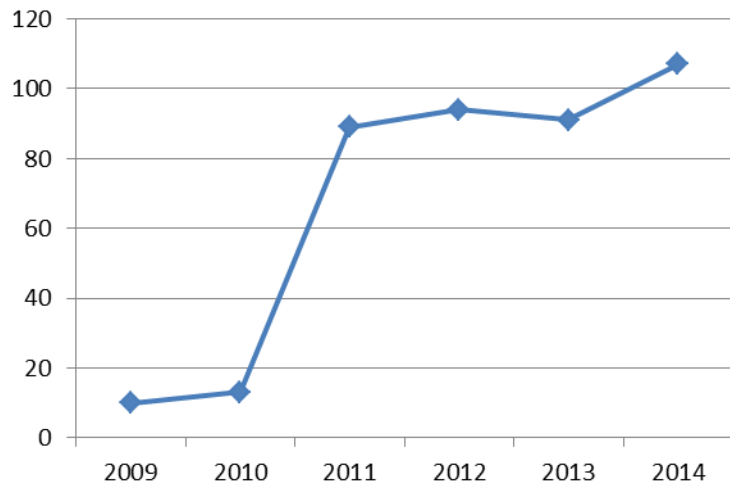
In 2009 all Test Calls were in English, in 2010 six (6) Test Calls were made in English and seven (7) were in Spanish, in 2011 eighty-nine (89) Test Calls were conducted in 10 different languages, and in 2012 Test Calls were made in 17 languages. In 2013 Test Calls were made in 11 different languages as well as 2014.

**Table 1. Trending of ACCESS Center Test Calls Data**

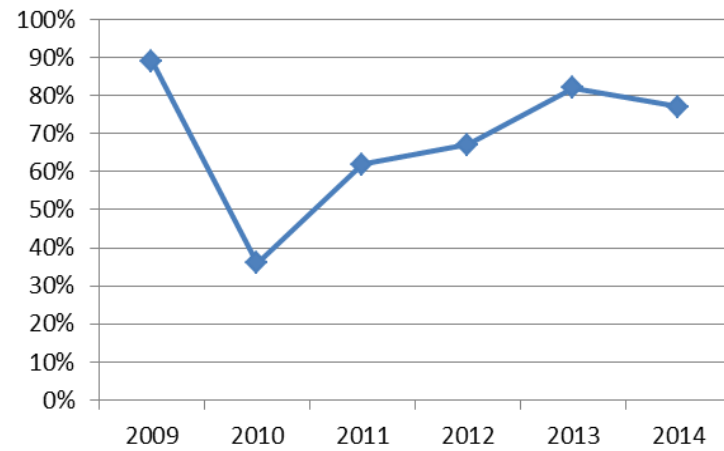
Calendar Year						
	2009	2010	2011	2012	2013	2014
Number of Test Calls Completed	10	13	89	94	91	107
ACCESS Staff Provided First Name to Caller	89%	36%	62%	67%	82%	77%
ACCESS Staff Requested Caller's Name	33%	62%	71%	68%	77%	74%
Calls in Non-English Language	0%	54%*	42%	58%	48%	43%
Report Satisfaction with Interpreter Services	NA	63%	70%	67%	71%	86%
ACCESS Staff Provided Referral	89%	100%	87%	81%	89%	94%
ACCESS Staff Assessed Crisis or Emergency	33%	62%	46%	69%	75%	77%
Report Satisfaction with ACCESS Services	90%	71%	88%	84%	85%	80%
Call was Logged by ACCESS Staff	**	54%	54%	52%	60%	59%

Note: \* In 2010 calls were completed only in English and Spanish. \*\* Data not available for 2009

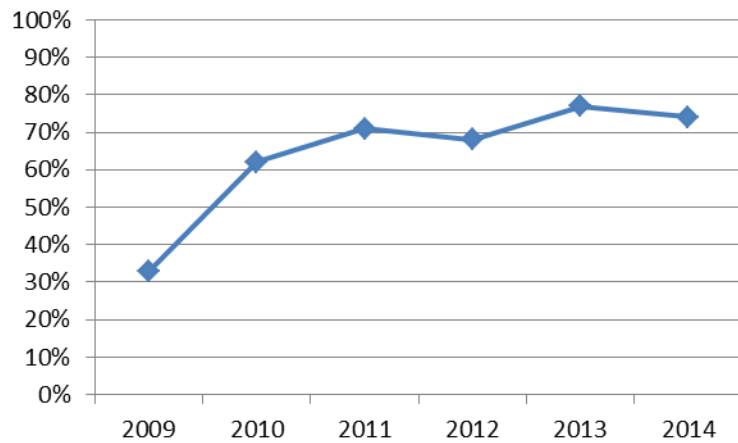
**Fig 1: Number of Calls Completed**



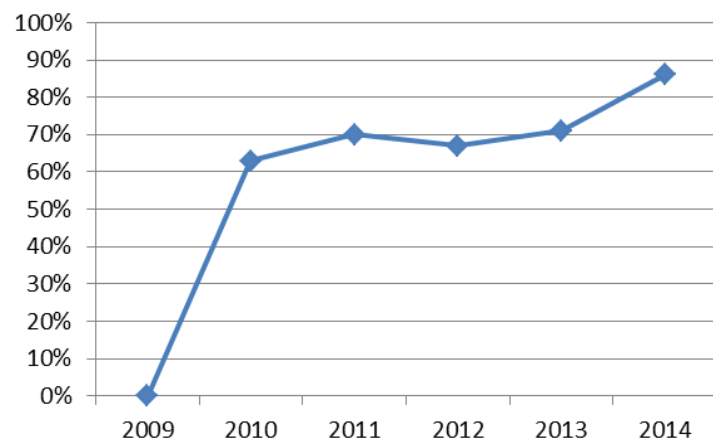
**Fig 2: ACCESS Staff Provided First Name to Caller**



**Fig 3: ACCESS Staff Requested Caller's Name**

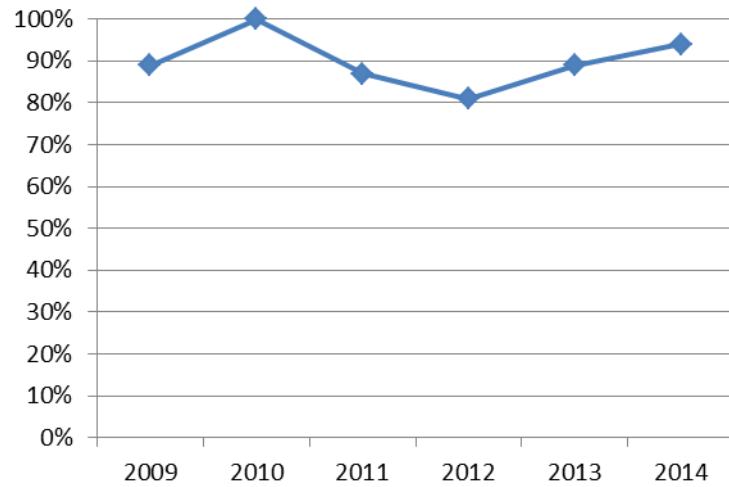


**Fig 4: Report Satisfaction with Interpreter Services**

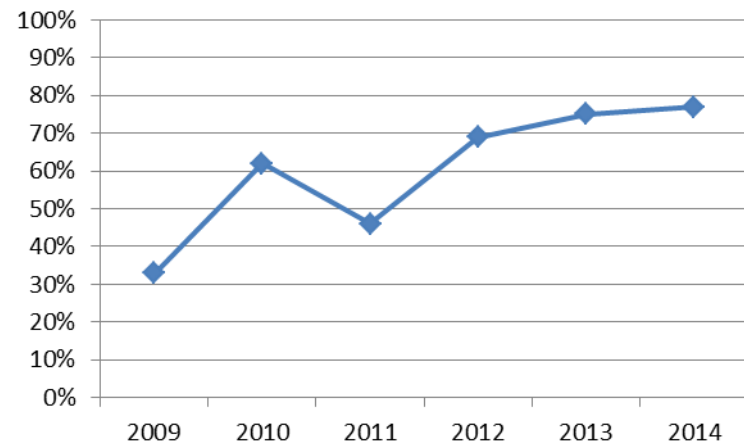




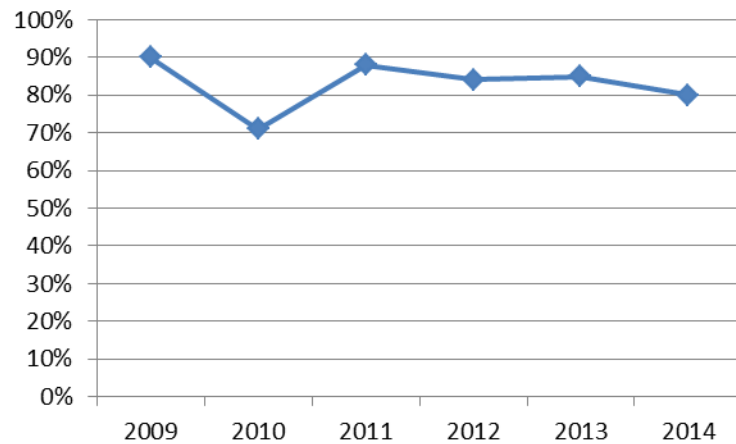
**Fig 5: ACCESS Staff Provided Referral**



**Fig 6: ACCESS Staff Assessed Crisis or Emergency**



**Fig 7: Report Satisfaction with ACCESS Services**



**Fig 8: Call was Logged by ACCESS Staff**

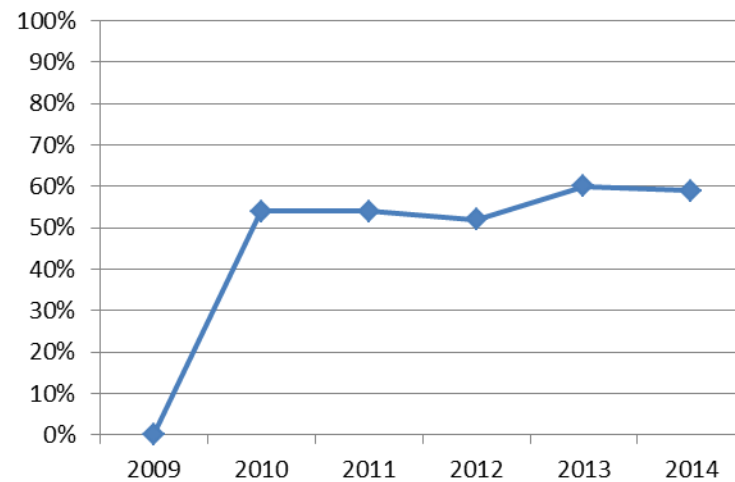


Table 2 shows the distribution of test calls conducted by SA and language.

**Table 2. Test Calls Completed in 2014 by SA (SA) and Language**

SAs									
Languages	SA-1	SA-2	SA-3	SA-4	SA-5	SA-6	SA-7	SA-8	Total
English	11	5	5	14	10	3	6	7	61
Spanish	6	2	2	6	2	2	3	3	26
Mandarin		1	1	1			1		4
Tagalog	1		1						2
Chinese		1		1					2
Vietnamese						1			1
Russian		1							1
Armenian		1	1				2		4
Cantonese			1		1				2
Korean				2					2
Farsi	2								2
<b>Total</b>	<b>20</b>	<b>11</b>	<b>11</b>	<b>24</b>	<b>13</b>	<b>6</b>	<b>12</b>	<b>10</b>	<b>107</b>

Note: Two calls were not completed because one call was disconnected and one call went to voicemail.

**RECOMMENDATIONS RESULTING FROM QI DIVISION AND ACCESS CENTER COLLABORATION:**

1. The findings indicate potential areas of improvement for ACCESS Center responsiveness.
  - Staff training, supervisory oversight, and continuous monitoring of key issues identified from the test calls results will be implemented by ACCESS Center management to ensure quality services and accurate documentation of initial service requests.
  - Review of established protocols to report complaints with interpreter services via the complaint log will be emphasized with ACCESS Center staff.
  - QI Report with test caller feedback will be shared with ACCESS Center staff and management.
2. QID, Administrative Services Bureau (ASB), and ACCESS Center developed protocols in May 2014 to address quality concerns related to interpreter services provided by AVAZA identified in the 2013 test calls study (See *Attachment 6*). As a result of adherence to these protocols,

there has been a notable increase in the test callers' satisfaction with interpreter services from 71% in 2013 to 86% in 2014. There will be ongoing monitoring of quality issues per these established protocols to ensure timely resolution.

3. The 2014 Annual QI Test Calls Summary Report will be widely shared at the Departmental QIC meeting and SA QIC Meetings.
4. The Test Calls methodology will be reviewed with ACCESS Center, SA QIC Chairs and Departmental QIC members to improve the data collection efforts and quality of data for the 2015 Test Calls study.

### **LIMITATIONS**

1. Although Test Calls were requested for after hours, thirty-eight (38) calls, or 36% of the one hundred-seven (107) completed calls, were made during day time hours.
2. Instructions requested 50% of the Test Calls be conducted in English and 50% be conducted in a non-English language. Results reveal sixty (60) calls, or 57% were completed in English.
3. Not all SAs (SA's) completed the ten (10) requested Test Calls and some SA's completed more than the ten (10) requested Test Calls.
4. Some Test Call items were missing complete responses. Some test callers did not provide a name even though instructed to do so or did not provide the name of the beneficiary resulting in calls that could not be logged.

### **2015 PLAN FOR MONITORING THE RESPONSIVENESS OF THE 24/7 TOLL-FREE NUMBER:**

- Each of the eight (8) SAs will be asked to make ten (10) Test Calls on a volunteer basis to the ACCESS Center with 50% of calls in English and 50% in a non-English language. Non-English calls will be requested in threshold languages specific to a SA.
  - Test callers will be requested to call during daytime and afterhours and/or weekends during a four month period from May 2015 through August 2015 with two SAs making test calls each month per the schedule. Calls will be made during day time and after hours (five each per SA) and also in English and non-English (five in English and five in non-

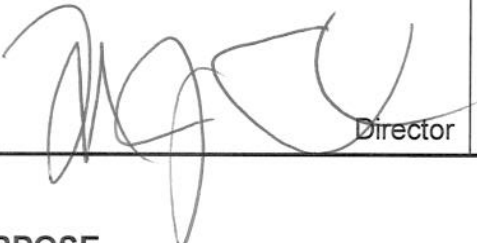
English that are evenly split between daytime and after hours). This change in methodology was a collaborative effort between SA QIC Chairs, Departmental QIC members, QID, and the ACCESS Center to improve the process and gather better data.

- Online Test Call Worksheets will be available to callers using e-forms module in the Teleform software. This will eliminate data entry of Test Call Worksheets and make data available for analysis as soon as the test call is completed.
- The *Worksheet for Test Callers to the ACCESS Line* (see *Attachment #5*) will be revised to allow Test callers to log in their first and last name when they are requesting services for someone other than themselves (for example, friend, family member). They must provide this information when making the test call. This change was recommended by ACCESS Center management.
- If Test callers request for services for someone other than themselves (for example, friend, family member), they are required to provide the first and last name of the beneficiary for whom they are requesting services for tracking purposes. When requesting services for themselves, they must still provide their first and last name.
- The *Worksheet for Test Callers to the ACCESS Line* (see *Attachment #5*) will be revised to include reasons why the test caller was not satisfied with “interpreter services” (Question 4) and/or the “knowledge and helpfulness of the ACCESS agent” (Question 9) and allow the option for the caller to check the reasons. This change was recommended by ACCESS Center management.
- Test callers will be asked to note the referral provided during the call.
- Test callers will follow QID instructions and guidelines.
- Results of the SA Test Calls will be due by December 2015.
- Each SA QI liaison will coordinate these efforts with identified QID staff and ensure test call instructions are clearly outlined and test callers are trained on these instructions and protocols.

- QID will continue to monitor the interpreter services complaints from the 24/7 line and work closely with ASB to address issues to ensure timely resolution with the interpreter services vendor, AVAZA.



## DEPARTMENT OF MENTAL HEALTH POLICY/PROCEDURE

<b>SUBJECT</b> <b>HEARING IMPAIRED MENTAL HEALTH ACCESS</b>	<b>POLICY NO.</b>  <b>202.17</b>	<b>EFFECTIVE DATE</b>  <b>4/7/10</b>	<b>PAGE</b>  <b>1 of 3</b>
<b>APPROVED BY:</b>   Director	<b>SUPERSEDES</b>  <b>202.17 2/15/06</b>	<b>ORIGINAL ISSUE DATE</b>  <b>9/01/93</b>	<b>DISTRIBUTION LEVEL(S)</b>  <b>2</b>

### PURPOSE

- 1.1 To update the Los Angeles County Department of Mental Health (LAC-DMH) policy regarding access by the hearing impaired to all mental health services regardless of the County Department providing services.

### POLICY

- 2.1 In accordance with applicable Federal, State, and County policies and agreements, DMH shall provide equal access to services for clients with mental illness and hearing impairment at all LAC-DMH directly operated and contracted clinic programs.
- 2.2 Interpretation services coordinated by DMH are available at no cost to clients with hearing impairment.
- 2.3 Access to interpretation services is managed by contacting LAC-DMH, ACCESS Center.
- 2.4 Sign language interpretation/translation services are available 24 hours a day, seven days a week, via the DMH agreement with Accommodating Ideas, Interpreter Unlimited, and LifeSigns.



## DEPARTMENT OF MENTAL HEALTH POLICY/PROCEDURE

SUBJECT	POLICY NO.	EFFECTIVE DATE	PAGE
HEARING IMPAIRED MENTAL HEALTH ACCESS	202.17	4/7/10	2 of 3

### PROCEDURE

#### 3.1 Non-Emergency Sign Language Interpreter Service

3.1.1 DMH American Sign Language (ASL) Liaison shall coordinate all requests for sign language interpreter services.

3.1.1.1 DMH directly operated and contracted clinics must contact DMH ASL Liaison at 800-854-7771.

3.1.1.2 Live telephone contact is available 24 hours per day, 7 days per week.

3.1.2 DMH requires four (4) business days prior to date of service to schedule an ASL appointment for non-emergency services.

#### 3.2 Emergency Sign Language Interpreter Services

3.2.1 Emergency interpretation/translation services are available and must be coordinated by contacting the DMH ASL Liaison at 800-854-7771.

3.2.1.1 Live telephone contact is available 24 hours per day, 7 days per week.

3.2.1.2 Emergency interpreter requests will be dispatched within 45 to 60 minutes of the request. (Travel time will vary depending on distance and time of day).

#### 3.3 Cancellation of Requests

3.3.1 DMH directly operated and contracted clinic programs are required to provide notice of cancellation per the following schedule:

3.3.1.1 For assignments lasting two hours or less, cancel at least 24 hours in advance.

3.3.1.2 For assignments lasting more than two hours, cancel at least 48 hours in advance.

3.3.1.3 Note that interpreters will arrive on schedule if assignments are not cancelled and DMH will be billed for the full service.



## DEPARTMENT OF MENTAL HEALTH POLICY/PROCEDURE

SUBJECT	POLICY NO.	EFFECTIVE DATE	PAGE
HEARING IMPAIRED MENTAL HEALTH ACCESS	202.17	4/7/10	3 of 3

### 3.4 Hearing Impaired Access to DMH and Contractor Sites

3.4.1 The hearing impaired public can access DMH services information via a Teletype/Telecommunications Device for the Deaf (TTY/TDD) using telephone number 562-651-2549, staffed by the ACCESS Center Emergency Outreach Bureau, 24/7.

3.5 DMH and contractor staff can make calls to and take calls from any client with hearing impairment in Los Angeles County with the assistance of the California Relay Service (CRS). This Statewide service of the telephone company, free to all users, facilitates communication via centrally located telephone interpreter. Calls from standard DMH and contractor office telephones to clients with hearing impairments and who possess TTY/TDD can be accessed by linking via the CRS at 800-735-2922. Similarly clients with hearing impairment using personal TTY/TDD may call mental health offices via this CRS linking service.

3.6 Signs in English and other languages, denoting the TTY/TDD telephone numbers for the DMH 24-hour ACCESS Center and for the CRS shall be posted in each directly operated and contract service site.

### AUTHORITY

Voluntary Compliance Agreement OCR 09-89-3143/US  
Department of Health and Human Services, Office of Civil Rights

### REVIEW DATE

This policy shall be reviewed at the same time that the contracts in Section 2.4 are renewed or replaced.

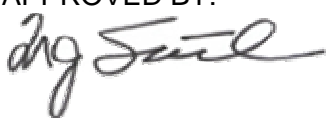
### RESPONSIBLE PARTY

DMH ACCESS Center





## DEPARTMENT OF MENTAL HEALTH POLICY/PROCEDURE

SUBJECT: <b>LANGUAGE INTERPRETERS</b>	POLICY NO. <b>202.21</b>	EFFECTIVE DATE <b>08/01/04</b>	PAGE <b>1 of 2</b>
APPROVED BY:  Director	SUPERSEDES <b>202.21</b>	ORIGINAL ISSUE DATE <b>05/14/04</b>	DISTRIBUTION LEVEL(S) <b>2</b>

### **PURPOSE**

- 1.1 To provide Department of Mental Health (DMH) policy and guidelines to ensure all non-English speaking DMH consumers receive equal access to services in the language of their choice (i.e., consumer's primary or preferred language).
  - 1.1.1 **Under no circumstances shall a consumer be denied services because of language barriers.**

### **POLICY**

- 2.1 DMH will continue to recruit and hire mental health professionals who are proficient in non-English languages
- 2.2 In accordance with applicable Federal, State and County Policy and Agreements, DMH will provide equal access to all non-English speaking mentally ill consumers in Los Angeles County.

### **PROCEDURE**

- 3.1 The DMH Training and Cultural Competency Bureau will make annual training available in the use of interpreter services for staff that have direct consumer contact.
- 3.2 Brochures and other forms of literature will be made available in the eleven (11) threshold languages for directly operated and contract clinic sites. Other than English, the threshold languages are: Armenian, Cambodian/Khmer, Cantonese, Farsi, Korean, Mandarin, other-Chinese, Russian, Spanish, Tagalog and Vietnamese.
  - 3.2.1 Directly operated and contract programs will have access to AT&T Language Line Services interpreter services 24 hours a day, 7 days a week, via ACCESS CENTER at 800-854-7771.
  - 3.2.2 Directly operated and contract programs will maintain an internal roster of staff proficient in non-English languages.
    - 3.2.2.1 DMH staff identified by the Human Resources Bureau as proficient in a non-English language may qualify for bilingual compensation.



## DEPARTMENT OF MENTAL HEALTH POLICY/PROCEDURE

SUBJECT: <b>LANGUAGE INTERPRETERS</b>	POLICY NO. <b>202.21</b>	EFFECTIVE DATE <b>08/01/04</b>	PAGE <b>2 of 2</b>
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3.2.2.2 Identified bilingual staff available for interpreting services will be provided training.

3.2.3 Exception: Consumer needs may better be served by referral to an agency provider of similar but more culturally or language-specific services. The referral process will allow latitude for clinical judgment in some cases.

4.1 Interpreter services are available at no additional cost to the consumer.

4.2 In accordance with Title VI (Civil Rights Act) requirements, the expectation that family members provide interpreter services is prohibited. See Section 3.2.1 on the availability of AT&T language line services.

4.2.1 If a consumer **insists** on using a family member or friend as an interpreter, they may do so only after being informed of the availability of free interpreter services.

4.2.2 It is strongly recommended that minor children not be used as interpreters.

4.3 Emergency involuntary hospitalization assessment shall be made providing appropriate interpretive services.

### **AUTHORITY**

Voluntary Compliance Agreement  
OCR 09-89-3143/US  
Department of Health and Human Services  
Office of Civil Rights  
CCR Title 9, Chapter 11, Section 1810.410(b)(4)

### **REVIEW DATE**

This policy shall be reviewed on or before May 15, 2009

**COUNTY OF LOS ANGELES DEPARTMENT OF MENTAL HEALTH  
PROGRAM SUPPORT BUREAU  
QUALITY IMPROVEMENT DIVISION  
(CY 2014)**

**TEST CALL INSTRUCTIONS**

Plan to make Test Calls during the week in which your Service Area Test Calls are scheduled (See Service Area Test Call Schedule for 2014). Test Calls may be placed on weekends (Friday after 5:00PM – Monday before 8:00AM), holidays (e.g. Friday July 4<sup>th</sup>), and/or after hours (Monday – Friday before 8:00AM and after 5:00PM).

Before calling, please be aware that the ACCESS Center employee MAY ASK YOU for your name, social security number, date of birth, phone number and address. Prior to making a Test Call, decide what personal information you are willing to share and what fictional information you will be providing.

Please print out a test call Form from the LACDMH QI website and complete one form per test call.

You will also be asked if you are a Medi-Cal recipient of services and you should respond that you are NOT. If you respond that you are a Medi-Cal recipient you will be asked for your Medi-Cal number.

IT IS NOT NECESSARY FOR YOU TO SHARE ANY AUTHENTIC PERSONAL INFORMATION AS YOU ARE CALLING IN THE ROLE OF A “SECRET SHOPPER.” Decide in advance how you want to respond to the following questions.

- Caller’s name?
- Caller’s social security number? (You are encouraged to make one up in advance of the call or just refuse to provide it.)
- Caller’s date of birth?
- Caller’s phone number?
- Caller’s address?

DO NOT CALL WITH A CRISIS OR EMERGENCY SCENARIO. If you want scenario ideas, see the Test Call Scenarios document. You may follow the scenarios exactly or use them to help you in developing your own scenario. When applicable, inquire about the process for obtaining a list of the MHP’s providers.

**COUNTY OF LOS ANGELES DEPARTMENT OF MENTAL HEALTH  
PROGRAM SUPPORT BUREAU  
QUALITY IMPROVEMENT DIVISION  
(CY 2014)**

**TEST CALL SCENARIOS**

The following are scenarios you can use to make the test calls or use as ideas to develop your own script. Please note that the scenarios are not crisis or emergency situations and each is an initial request for mental health services.

Scenario # 1 Parent calling regarding their child who has signs of depression:

Hello, I'm calling to see if I can get help for my son. My son mainly stays in bed in his room for long periods of time and won't come out. He has not been talking much to anyone. He has lost weight and hasn't been eating much. His grades have gone down at school. I brought him to our family doctor and he told me to call for mental health services for my son. My son has not had mental health services before. I'm calling to ask you what I should do.

Scenario # 2 Grief after recent loss:

I'm calling to see if you can help me. I've had a recent loss of a loved one and have been crying a lot and unable to concentrate. I haven't been interested in going places or doing things. I've even lost weight. I went to my family doctor and he said that I'm depressed and could benefit from counseling. Do you know where I can get help?

Scenario # 3 Request for medication:

I just moved here about a month ago. I found your phone number in the phone book. I was seeing a psychiatrist until a month ago and was taking medication. I lost my medication during the move. I need to see a doctor about my medication. Can you help me?

Scenario # 4 Request for information:

I would like to talk to someone about the problems I'm having. I haven't had mental health services before. I thought I could handle the problems myself. I recently lost my job (or, recently got a divorce, etc) and I need to talk to someone because I'm getting very anxious, upset and can't sleep or concentrate. Could you give me information on where I could get services? Would I go to a clinic or could I go to a private psychiatrist? How could I get a list of private psychiatrists close to where I live so I could have information on what my choices are? (Or, how would I get a copy of a beneficiary booklet that would tell me how to obtain services?)

**SERVICE AREA TEST- CALLS TO ACCESS LINE FORM**

ACCESS PHONE (800) 854-7771

**Please Complete One Survey Form per Test Call**Call start time: hr:   min:   ☐ am ☐ pmTime a *live person* answered: hr:   min:   ☐ am ☐ pmCall end time: hr:   min:   ☐ am ☐ pm

Date

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
M	M		D	D		Y	Y	Y	Y

SERVICE AREA (chose one only)

1	2	3	4	5	6	7	8
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

1) Did the ACCESS agent provide his/her first name? ☐ Yes ☐ No(If not provided, test caller must ask for the first name of the ACCESS agent!)

What was the first name of the ACCESS agent: \_\_\_\_\_

2) Did the ACCESS agent ask you for your name? ☐ Yes ☐ No

NAME you used in the TEST CALL: First: \_\_\_\_\_ Last: \_\_\_\_\_

3) LANGUAGE you USED IN the TEST CALL: ☐ English ☐ Spanish ☐ OtherIF NOT ENGLISH or SPANISH, what language did you use for the TEST CALL? \_\_\_\_\_4) For non-English calls, were interpreter services offered? ☐ Yes ☐ NoIf interpreter services were used, were you satisfied with interpreter services? ☐ Yes ☐ No

If no, explain any problems: \_\_\_\_\_

5) Reason for the call or type of help requested:

☐ Counseling referral ☐ Medication request ☐ Beneficiary complaint ☐ General information6) Were you provided with a referral or other information? ☐ Yes ☐ No

If yes, list here: \_\_\_\_\_

7) Were you put on hold? ☐ Yes ☐ No If yes, how many minutes were you on hold? \_\_\_\_\_8) Did the ACCESS agent inquire if the situation is an emergency or a crisis? ☐ Yes ☐ No

9) How satisfied were you with the knowledge and helpfulness of the ACCESS agent?

☐ Very dissatisfied ☐ Not satisfied ☐ Somewhat satisfied ☐ Satisfied ☐ Very satisfied***Thank you for your participation. Please submit completed form to your SA QIC Chair.*****THIS SECTION TO BE COMPLETED BY QI DIVISION:**

10.) WAS THE CALL LOGGED BY ACCESS CENTER EMPLOYEES (name, date, and disposition)?

☐ Yes ☐ No

**COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH**  
**EMERGENCY OUTREACH BUREAU**  
**ACCESS CENTER**

**REPORTING PROBLEMS OR CONCERNS WITH THE LANGUAGE LINE PROTOCOL**

**PURPOSE:** To record and track all issues related to the Language Line Interpreter Services and to provide a process, in collaboration with the Admin Support Bureau (ASB) and Quality Improvement Division (QID), to resolve these concerns.

**OBJECTIVES:**

1. The ACCESS Center agent will report a problem or complaint concerning the Language Line by entering the required information on the "Sign Language & Language Line Problem Complaint Form". The form is available on the ACCESS Center's Electronic Resource Directory (ERD).
2. The ACCESS Center agent will report the problem or concern during the shift upon which the problem occurred. The problem can be of a technical nature such as experiencing static on the line, or a service concern such as the unavailability of an interpreter for a specific language.
3. The agent will print a hard copy of the completed form and hand deliver the form to the shift supervisor.
4. The shift supervisor will review the form during the shift upon which the concern took place and sign the form in acknowledgement of receiving it. The supervisor will take any immediate action necessary, such as informing the IT staff of a technical difficulty. Then the supervisor will either hand deliver the form to the support staff designee, if they are present at the Center, or place it in that staff member's mail box if the designee is not present.
5. Within one business day of the occurrence, the Support Staff designee will add the information to the "Agent Complaints Regarding AVAZA" log.
6. The ACCESS Center support staff designee will e-mail the updated log on the 10<sup>th</sup> of each month, or sooner if needed, to the ASB designee and copy both the ACCESS Center Program Head and the Quality Improvement Division's liaison.
7. Within seven calendar days of receiving the log from the ACCESS Center, the ASB designee will contact the language line provider (AVAZA) to explain the concern. If AVAZA provides a resolution at that time or at the point that AVAZA provides a resolution or response, then the ASB designee will complete the resolution column on the "Agent Complaints Regarding AVAZA" log.
8. The ASB designee will return the completed log to the ACCESS Center support staff designee (and copy the QID liaison) for record keeping and follow up with the ACCESS Center supervisors.